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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/470,603	12/22/1999	David J. Bova	20720-103793	6359

7590 12/07/2004

Karen J Messick Esq
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1001 Brickell Bay Drive
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Miami, FL 33133



EXAMINER

JOYNES, ROBERT M

ART UNIT	PAPER NUMBER
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1615

DATE MAILED: 12/07/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Response to Rule 312 Communication

Application No.

09 470,603

Applicant(s)

Examiner

Art Unit

--The MAILING DATE of this communication appears on the cover sheet with the correspondence address---

1. The amendment filed on 06-15-2004 under 37 CFR 1.312 has been considered, and has been:

- a) entered.
- b) entered as directed to matters of form not affecting the scope of the invention.
- c) disapproved because the amendment was filed after the payment of the issue fee.

Any amendment filed after the date the issue fee is paid must be accompanied by a petition under 37 CFR 1.313(c)(1)

and the required fee to withdraw the application from issue.

- d) disapproved. See explanation below.
- e) entered in part. See explanation below.



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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 6359

SERIAL NUMBER 09/470,603	FILING OR 371(c) DATE 12/22/1999 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 20720-103793
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APPLICANTS

David J. Bova, Hollywood, FL;

** CONTINUING DATA *****

This application is a CON of 08/814,974 03/06/1997 PAT 6,129,930
 which is a CON of 08/368,378 01/14/1995 PAT 6,080,428
 which is a CIP of 08/124,392 09/20/1993 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/15/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	12	1
Verified and Acknowledged	Examiner's Signature _____ Initials _____			

ADDRESS

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TITLE

NICOTINIC ACID COMPOSITIONS FOR TREATING HYPERLIPIDEMIA AND RELATED METHODS THEREFOR

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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